

CLAIMS ONLY						Application Number 1072425	Filing Date			
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep				4			Total Indep			
Total Depend			23				Total Depend			
Total Claims			27				Total Claims			